

New York's 529 College Savings Program *Direct Plan* Enrollment Application



IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT. We are required by federal law to obtain from each person who opens an account certain personal information—including name, street address, and date of birth among other information—that will be used to verify identity. If you do not provide us with this information, we will not be able to open the account. If we are unable to verify your identity, we reserve the right to close your account or take other steps we deem reasonable.

- Complete this form to establish an account, or open an account at **www.nysaves.org**.
- Your initial investment, including contributions by check, money order, transfer, or rollover, must total at least \$25.
- Print clearly, preferably in capital letters and black ink.

To order any form—or get assistance in filling out this one—call us toll-free at **1-877-697-2837** on business days from 8 a.m. to 9 p.m., Eastern time. Return this form and any other required documents in the enclosed postage-paid envelope, or mail to: **New York's 529 College Savings Program *Direct Plan*, P.O. Box 55440, Boston, MA 02205-8323.** For overnight delivery or registered mail, send to: **New York's 529 College Savings Program *Direct Plan*, 95 Wells Avenue, Suite 155, Newton, MA 02459-3204.**

1. Account Type

- Select one of the account types below. If you do not select an account type, we will open an individual account for you.

A. Individual account.

B. ☐ UGMA/UTMA account. I am opening this account with assets liquidated from an UGMA/UTMA custodial account. *I understand that this may be a taxable event.* Below, indicate the state (please abbreviate) under the laws of which the UGMA/UTMA custodial account was opened.

State

C. ☐ Trust account. I am opening this account under an existing trust. (You must include copies of the first and last pages of the trust agreement—sometimes called the “execution pages”—containing the name of the trust, the date of the trust, and the names and signatures of the trustees.)

2. Account Owner Information *(This person owns and controls the account.)*

- Only an account owner who is a New York State taxpayer can claim the New York State income tax deduction for his or her contributions.
- If the account owner is a minor, also complete **Section 5**.

[illegible]

Name of Individual or Custodian (first, middle initial, last), or Trust

Social Security Number or Other Taxpayer ID Number

Figure 1 illustrates the experimental setup. A participant is seated at a table, looking at a screen. The screen shows a starting point (a large circle) and a target (a small circle). A horizontal line connects the starting point to the target. A vertical line segment is shown below the horizontal line, representing the distance from the starting point to the target. The diagram is labeled 'Figure 1' and includes a scale bar at the bottom right.

Birth Date/Trust Date (month, day, year)

Citizenship (If not a U.S. citizen, please indicate country of citizenship.):

[illegible]

SECTION 2 CONTINUED ON PAGE 2



NY 529 ENROLL WEB

Permanent Street Address or APO/FPO (A P.O. box or rural route number is **not** acceptable.)

City

State

Zip

Account Mailing Address if Different From Above (This address will be used as the account's address of record and for all account mailings.)

City

State

Zip

Daytime Telephone Number

Evening Telephone Number

E-Mail Address

3. Beneficiary Information *(The beneficiary is the future student.)*

- You may designate only one beneficiary per account.

Name of Beneficiary (first, middle initial, last)

Social Security Number or Individual Taxpayer ID Number

Birth Date (month, day, year)

Citizenship (If not a U.S. citizen, please indicate country of citizenship.):

4. Successor Account Owner Information *(optional)*

- The successor account owner will take control of your account in the event of your death.
- You may revoke or change the successor account owner at any time. Refer to the Program Brochure and Tuition Savings Agreement for more information.
- You can have only one successor account owner per account, and he or she must be a U.S. citizen or resident alien.

Name (first, middle initial, last)

Birth Date (month, day, year)

5. Designated Parent/Guardian Information

- Complete this section only if the person listed in **Section 2** is a minor.

Name of Parent or Guardian (first, middle initial, last)

Social Security Number or Individual Taxpayer ID Number

Birth Date (month, day, year)

6. Investment Options

- You can invest your contributions in the age-based options, individual portfolios, or a combination of these. Refer to the Program Brochure and Tuition Savings Agreement for more information.
- You may **choose up to five** of the investments listed below.
- You must **allocate at least 5%** of your contributions to each investment you choose, using whole percentages only.
- Your investment percentages **must total 100%**.

Age-Based Options *(Your investment mix automatically becomes more conservative as the beneficiary nears college age.)*

Conservative Age-Based Option

 %

Moderate Age-Based Option

 %

Aggressive Age-Based Option

 %

Individual Portfolios *(Your investment mix changes only on your instructions.)*

Stock Portfolios:

Aggressive Growth Portfolio

 %

Developed Markets Index Portfolio

 %

Growth Stock Index Portfolio

 %

Mid-Cap Stock Index Portfolio

 %

Small-Cap Stock Index Portfolio

 %

Value Stock Index Portfolio

 %

Balanced Portfolios:

Conservative Growth Portfolio

 %

Growth Portfolio

 %

Moderate Growth Portfolio

 %

Bond Portfolios:

Bond Market Index Portfolio

 %

Income Portfolio

 %

Inflation-Protected Securities Portfolio

 %

Short-Term Investments Portfolio:

Interest Accumulation Portfolio

 %

TOTAL

 %

Please remember to:

- Choose no more than five investments.
- Use whole numbers—no fractions or decimals.
- Allocate at least 5% to each investment you choose.

7 Initial Contribution

- The minimum initial contribution is \$25 (\$15 if contributing by payroll deduction).
- If your contribution combines funds from more than one source—the different types of sources are listed below—you will have to indicate how much came from each source. For example, if \$3,000 of a \$5,000 contribution was a transfer from an education savings account, check box D below and write in \$3,000. If the remaining amount comes from sources other than those listed in sections C and D below, check box A or B and write in \$2,000.
- Contributions and rollovers by check, automatic investment plan (AIP), or electronic bank transfer (EBT) will not be available for withdrawal for ten calendar days.

Source of Funds (Check all that apply.)

- A. ☐ **Personal check or money order.** Make each check or money order payable to *New York's 529 College Savings Program Direct Plan*.

\$
Amount

- B. ☐ **Electronic bank transfer (EBT).** To set this up, you must provide bank information in **Section 9**.

\$ This amount will be your one-time EBT contribution to open your account.
Amount

- C. ☐ **Direct rollover from another qualified 529 plan or an education savings account.** Rollovers between 529 plans for the benefit of the same beneficiary are limited to once every 12 months.

- Complete and attach an Incoming Rollover Form, which is available online at www.nysaves.org or by calling **1-877-NYSAVES** (1-877-697-2837).

\$
Amount (estimated)

- D. ☐ **Indirect rollover from an education savings account (ESA), qualified U.S. savings bond, or another qualified 529 plan.**

- **Indirect rollover from another qualified 529 plan or an ESA.** Enclose documentation from the distributing financial institution detailing a breakdown of contributions and earnings.
- **Indirect rollover from a qualified U.S. savings bond.** Attach a statement or IRS Form 1099-INT issued by the distributing financial institution that shows the interest paid upon redemption.

Important: If you do not provide this documentation and you make a nonqualified withdrawal in the future, the entire amount will be considered taxable earnings.

\$
Contributions

\$
Earnings

- E. ☐ **Payroll Deduction.** To make contributions to your account by payroll deduction, you must contact your employer's payroll office to verify that you can participate. Payroll deduction contributions will not be made to your Program account until you have received a payroll deduction confirmation form from the Program, provided your signature and Social Security number (or individual taxpayer identification number) on the form, and submitted the form to your payroll office. The amount you indicate below will be in addition to payroll deductions that you may have previously established for other Program accounts.

\$
Amount of deduction each pay period (\$15 minimum)

- ☐ **Check here if you are an employee of the State of New York and would like to make contributions to your account by payroll deduction.**

8.

Contributions by automatic investment plan (AIP) or electronic bank transfer (EBT) will not be available for withdrawal for ten calendar days.

2011年11月11日

Important: To set up this option, you must provide bank information in **Section 9**.

Amount of Debit (\$25 minimum):

Frequency (Check one.): ☐ Monthly ☐ Quarterly

Start Date:

Date (month, day, year)

Your bank account will be debited on the 10th of any month, unless you pick a different date. Your bank account will be debited (money will be withdrawn) on the date you select and your investment will be credited (money will be added) to your account in New York's 529 College Savings Program *Direct Plan* on the *previous business day*. **Note:** AIPs with a debit date of January 1st, 2nd, 3rd, or 4th will be credited in the same year as the debit date.

☐ All of them
☐ Most of them
☐ Some of them
☐ A few of them
☐ None of them

Important: To set up this option, you must provide bank information in **Section 9**.

9.

Provide the account information below.

[illegible]

Bank Name

Bank Routing Number

[illegible]

Bank Account Number

Account Type:
(Check one.)



Checklist



Savings

Note: The routing number is usually located in the bottom left corner of your checks. You can also ask your bank for the routing number.

10. Additional Information *(optional)*How did you hear about the Program? *(Check one.)*

- | | |
|---|---|
| <input type="checkbox"/> Direct mail | <input type="checkbox"/> TV |
| <input type="checkbox"/> Newspaper/magazine article | <input type="checkbox"/> Friend or relative |
| <input type="checkbox"/> Print ad | <input type="checkbox"/> Advisor |
| <input type="checkbox"/> Online ad | <input type="checkbox"/> Employer |
| <input type="checkbox"/> E-mail | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Upromise Web site | <input type="checkbox"/> Vanguard® Web site |
| <input type="checkbox"/> Events | |

A valuable opportunity to supplement your college savings!

You can add to your college savings with the voluntary Upromise® rewards service* and save for college simply by making eligible purchases on participating products you use every day—from baby products to household cleaners. By participating in this free service, a percentage of your eligible spending on thousands of participating products is returned to you in an account that you establish with Upromise. You then have the option to roll these funds into your Program account on a periodic basis. (If you're already a member of Upromise, you can arrange to have contributions transferred from your existing account to your account in New York's 529 College Savings Program *Direct Plan*.)

Here's how to apply for membership in the Upromise rewards service: After we've received your completed New York's 529 College Savings Program *Direct Plan* Enrollment Application, we'll send you a welcome letter that includes your account number. Using this information, simply visit www.nysaves.org to register for Web access to your account. Then, follow the online instructions to join Upromise. It's that easy!

*Upromise is an optional service offered by Upromise, Inc., and is separate from New York's 529 College Savings Program *Direct Plan*. Specific terms and conditions apply. Participating companies, contribution levels, and terms and conditions are subject to change without notice.

11 Authorization—YOU MUST SIGN BELOW

By signing below, I hereby apply for an account in New York's 529 College Savings Program *Direct Plan*. I certify that:

- I have full authority and legal capacity to purchase portfolio units and to open an account in New York's 529 College Savings Program *Direct Plan*.
- I have received and agree to the terms set forth in the Program Brochure and Tuition Savings Agreement, and will retain a copy of these documents for my records. I understand that the Program from time to time may amend the Program Brochure and Tuition Savings Agreement, and I understand and agree that I will be subject to the terms of those amendments.
- If I have chosen an electronic money-transfer option (for example, the automatic investment plan), I authorize the *Direct Plan* and Upromise Investments, Inc., acting upon my instructions, to pay amounts representing redemptions made by me or to secure payment of amounts invested by me by initiating credit or debit entries to my account at the designated bank. I authorize the bank to accept any such credits or debits to my account without responsibility for their correctness. I acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. law. I understand that this authorization may be terminated by me at any time by notifying the *Direct Plan*; Upromise Investments, Inc.; and the bank, and that the termination request will be effective as soon as the *Direct Plan* and Upromise Investments, Inc., have had a reasonable amount of time to act upon it. I understand and agree that all transaction requests placed for my account are my sole responsibility and are at my sole risk. I agree that the *Direct Plan*; Upromise Investments, Inc.; and their respective affiliates will not be liable for any loss, cost, or expense to me when they act upon instructions reasonably believed to be genuine. I certify that I have authority to transact on the bank account identified by me in **Section 9** and I confirm that the registration on such bank account and my account in New York's 529 College Savings Program *Direct Plan* meet the requirements set forth above.
- The information I have provided on this form—and all future information I will provide with respect to my account—is true, complete, and correct.

► SIGNATURE

Signature of Account Owner (Important: If the account owner is a minor, the designated parent or guardian must sign.)

□□-□□-□□□□

Date (month, day, year)